



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Texas Health of Cleburne

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-14-3386-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

July 10, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Please note their EOB states this HCPC is bundled per the NCCI edits, which we show is not true, it is payable per NCCI edits, especially when the HCPC 99285 has the modifier 25 added."

**Amount in Dispute:** \$152.32

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Texas Mutual denied payment of the 96375 codes based on NCCI information. Chapter XI-3, B.6 states, "CPT codes 96360-96379 ...are reportable by physicians for services performed in physicians' offices. These drug administration services should not be reported by physicians for services provided in a facility setting such as a hospital outpatient department or emergency department..." "

**Response Submitted by:** Texas Mutual

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 10 – 11, 2013	96375x2	\$152.32	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403 sets out the reimbursement guidelines for outpatient facility services provided in an acute care hospital.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - B15 – This service procedure requires that a qualifying service/procedure be received and covered
  - 446 – this add-on code has been denied as the principal procedure was not billed
  - 193 – Original payment decision is being maintained

## **Issues**

1. Did the requestor support that disputed services should have been paid?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. The carrier denied the disputed service as, B15 – “This service procedure requires that a qualifying service/procedure be received and covered,” and 446 – “this add-on code has been denied as the principal procedure was not billed.” 28 Texas Labor Code §134.203(b) states in pertinent part, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.” Review of the medical claim finds code 96374 and 96375 were billed for date of service September 10, 2013. The primary code (96374) received an edit/denial. The add-on code (96375) is not eligible for payment.

Chapter 11 of the National Correct Coding Initiative Policy Manual for Medicare Services gives specific instructions as follows; 10. Medicare Anesthesia Rules prevent separate payment for anesthesia services for a medical or surgical service when provided by the physician performing the service. Drug administration services, CPT codes 96360-96376 should not be reported for anesthesia provided by the physician performing a medical or surgical service. 11. Under Medicare Global Surgery Rules, drug administration services (CPT codes 96360-96376) are not separately reportable by the physician performing a procedure for drug administration services related to the procedure. Under the OPPS drug administration services related to operative procedures are included in the associated procedural HCPCS/CPT codes. Examples of such drug administration services include, but are not limited to, anesthesia (local or other), hydration, and medications such as anxiolytics or antibiotics. Providers should not report CPT codes 96360-96376 for these services. Medicare Global Surgery Rules prevent separate payment for postoperative pain management when provided by the physician performing an operative procedure. CPT codes 36000, 36410, 37202, 62310-62319, 64400-64484, and 96360-96376 describe some services that may be utilized for postoperative pain management. The services described by these codes may be reported by the physician performing the operative procedure only if provided for purposes unrelated to the postoperative pain management, the operative procedure, or anesthesia for the procedure. If a physician performing an operative procedure provides a drug administration service (CPT codes 96360-96375) for a purpose unrelated to anesthesia, intra-operative care, or post-procedure pain management, the drug administration service (CPT codes 96360-96375) may be reported with an NCCI-associated modifier if performed in a non-facility site of service. Review of the submitted medical bill finds the patient received operative service and anesthesia services.

2. The services in dispute are not eligible for separate payment based on 28 Texas Labor Code §134.203(b).

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
October , 2014  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**